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ABSTRACT

A potential problem for counselors is their insensitivity to religious issues. Counselors may be reluctant to deal with the religious dimension of clients' lives and problems, yet counselors who are sensitive and skilled in approaching religion may find a client's religious beliefs and spiritual values to be a valuable asset in problem resolution. Of course, a client's religious beliefs may be manifested in immature and detrimental forms that contribute to a client's emotional and behavioral problems. The responsibility of the counselor with regard to religious issues is to differentiate between and deal effectively with both life-enhancing and detrimental expressions of religion in the client. The counselor has available many approaches for using positive, life-enhancing expressions of religion to the client's advantage. In the case of detrimental expressions of religion, the counselor can help the client to examine, and, as appropriate, broaden and transform his or her perspective so that religious values may contribute to a positive change and personal development. In either case, the counselor's sensitivity and skills with regard to religious and spiritual issues can contribute significantly to helping clients whose orientation, problems, and life issues present a religious aspect. (ABL)

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Sensitivity and Sensibleness toward Religious Issues in Counseling

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"Grace? What is grace?" According to a respondent of mine, this was the question of a puzzled psychiatrist after her patient told her that he was now feeling much better, "Thanks to the grace of God." This patient said he was also thankful for the psychiatrist's skillful use of medication and reassuring manner during a period of depression. However, he was disappointed that he could not talk comfortably and openly with her about strength gained from his religious faith in overcoming a depressive episode. Another respondent told me how she chose a particular counselor specifically because her referral source said that the counselor had a religious orientation. However, when she tried to talk about her difficulties in a religious framework, the counselor led her away from the religious perspective. She soon terminated.

These incidents in themselves do not, of course, prove anything about the sensitivity or insensitivity of all or even most counselors toward religious issues in counseling. They do, however, illustrate a potential problem of counselor sensitivity toward religion in counseling. What is more, according to data available about the religious orientation of mental health professionals generally, especially vis-a-vis the general population, these illustrations may reflect a widespread reluctance or unwillingness of counselors outside of religious settings to deal seriously with the religious dimension of clients' lives and problems.

My purpose in this paper is to discuss (1) counselor sensitivity toward religion in terms of the potential importance of counselor sensitivity toward religious issues in counseling, data bearing on counselor sensitivity toward religion in counseling, ways of enhancing counselor sensitivity toward religion in counseling; and (2) counselor sensibleness toward religion in counseling in terms of concepts, approaches, and techniques that counselors can use to deal effectively with religious issues in counseling.

COUNSELOR SENSITIVITY TOWARD RELIGION

Importance of Counselor Sensitivity toward Religion

Counselor sensitivity and openness to dealing with the religious dimensions of client problems are important for several reasons. First, national poll data indicate that a large percentage of Americans consider religion to be an important part of their lives. In a 1986 Gallup poll (Gallup, 1987), 55% of the respondents said that religion is very important in their lives, and 31% said it is fairly important. Seventy-one percent reported belonging to a church or synagogue, and 42% attended a religious service in a typical week. These percentages were not significantly different from poll data for the previous six years. Assuming that potential clients are generally representative of the general population, these data suggest that many clients have a significant concern for and involvement in religion. It is reasonable to expect that clients from this large pool of persons for whom religion is important would welcome counselors' sensitivity toward and respect of their religious beliefs; some might even appreciate a counselor's skill in dealing constructively with the religious dimensions of their problems.

Second, many client concerns have a potentially significant religious or spiritual aspect. For example, religious values may have a significant bearing, for better or worse, on marital and family relationships, child rearing practices, gender attitudes, attitudes toward sexual behavior, experiences of tragedy and grief, and one's general experience of meaningfulness, to mention only a few. In a recent comprehensive study of the treatment of religion in family therapy journal literature (Kelly, 1988), although religion appears substantially underrepresented in this literature, I was not surprised to find in many cases a clear and significant connection between religion and life problems in both clinical practice and research.

Third, some survey data suggest that a significant number of potential clients consider religion an important topic for counseling. For example, Quakenbos, Privette, and Klentz (1985) found in Southern locale that a majority of potential clients would prefer a religiously sensitive counselor for marriage and family problems, a significant minority (40%) would choose such a counselor for problems of depression, and 80%, regardless of their counselor preference, consider religion to be a potentially important topic for counseling. Even taking into consideration the very probable influence of locale on these percentages, they nevertheless suggest the potential importance that some clients attach to religious values in dealing with issues that come up in counseling.

Incidence of Counselor Sensitivity toward Religion

These data regarding the substantial religiousness of the general population (potential clients) contrast rather sharply with data regarding the religiousness of mental health professionals generally. Given the widely acknowledged importance of values in counseling, the issue here, of course, is the potential effects of religious values discrepancies between counselors and clients. Care must be taken in examining and drawing conclusions in this area, because, first, the data are not entirely clear, and, second, value differences between a counselor and client may not, in themselves, hinder counselor sensitivity nor detract from counselor effectiveness. However, evidence available regarding differences between counselors and clients about religion and the effects of these differences does suggest a potential problem of counselor sensitivity toward a clients religion. What are these data.

In a 1988 survey of 425 professional therapists, Jensen and Bergin (1988) found that 34% thought that spirituality and religion (based on six items about religion and spirituality) are important (high or medium importance) for a positive, mentally healthy life-style (when low importance is added, it goes up to 49%). Keep in mind that 55% of the general population think that religion is very important in their lives, and another 31% consider it fairly important. A 1976 study of members of the American Psychological Association reported that 43% believed in a transcendent deity, 47% were members or were at least infrequent attenders of a religious institution, and 27% attended half the time or more (Ragan, Malony, & Beit-Hallami, 1976, in Shafranske, 1984). These percentages may be compared with the 1980-81 Gallup Poll (Religion in America) that showed that among the general population 93% stated a religious preference, 69% belonged to a church or synagogue, 40% had attended a religious service with 7 days prior to the survey, 55% ranked religion as very important in their lives, and 31% ranked religion as the most important thing in their lives. These data are similar to those of a 1971 study (Henry, Sims, and Spray ?) of 4,000 mental health professionals in a metropolitan area; this study found that 36% of such professionals did not identify with any established religion as compared to 12% of the general metropolitan population. Finally, in a 1984 study of the spirituality of clinical psychologists in California, Shafranske and Gorsuch (1984), using a broad, existential definition of spirituality, found that one-third of his sample indicated involvement in an alternative spiritual path, but only 23% were committed to a traditional religious institution and 13% and 11% respectively reported themselves as atheistic or agnostic.

Practical Relevance of Counselor's Religious Values

But do these religious values discrepancies make any practical difference in terms of counseling or therapeutic effectiveness? Certain research suggests that the answer is no and yes. The answer is no in that some data indicate that both religious and nonreligious clinicians make very similar clinical judgments about religious, moderately religious, nonreligious clients; nonreligious clinicians appear to have no bias against religious clients or vice versa (Houts & Graham, 1986); Christian and secular counselors give similar ratings regarding the pathology of clients; and Christian and secular counselors express no difference in their degree of "liking" of religious clients or their expectations of clinical success with religious clients (Worthington & Scott, 1983). These data suggest that clinicians with nonreligious values do not perceive religious clients differently than they do nonreligious clients and approach religious clients with neutrality and respect.

On the other hand, the question about religious value discrepancies making a difference in actual counseling may be answered yes on the basis of research indicating that religiously oriented counselors are likely to see problems in a more spiritual or religious light than do counselors in secular settings, religiously oriented counselors tend to give more emphasis to the spiritual area as a primary counseling goal (Worthington et al., 1983), and clinicians who regard spirituality as important in their own lives tend to think that spiritual issues are relevant in counseling (Shafranske et al., 1984). These findings suggest that counselor with a positive orientation or sensitivity toward religion and spirituality is more likely to make positive clinical use of religion in counseling, especially in dealing with religious clients. On the other hand, a counselor's nonreligiousness may detract from how effectively the nonreligious counselor recognizes connections between client problems and religion or spirituality and how effectively these connections are used for the client's benefit.

From Respectful Neutrality to Positive Sensitivity

In the second part of this paper, I will discuss how and under what conditions a positive integration of the religious dimension into counseling, as compared with simple neutrality or passive respect, can enhance counselor effectiveness. Before moving to that, however, it is worthwhile to consider how counselors may, if they not have already done so, develop a positive religious sensitivity which will undergird a positive integration of religion in clinical practice.

Basic to this sensitivity is a recognition of data, from several sources and over many years, showing that a majority of

the general population take religion quite seriously as an important part of their lives. Of course, a clinician who is of the opinion that religious belief and practice are usually detrimental to mental health and human development (e.g. Ellis, 1980; Freud, 1964) will not consider the prevalence of religion a reason for positive sensitivity. However, for those without this negative regard for religion, the possibility, even probability, that some clients affirm an important connection between religion and other life issues should invite an active openness toward methods for constructively integrating religion and counseling.

A positive sensitivity toward religion in counseling also requires counselors to be clear and congruent about their own religious and spiritual values. For example, counselors who are personally nonreligious but therapeutically neutral toward religion need to understand the roots and implications of their nonreligiousness in order to avoid misleading generalizations, projections, and transferences related to their clients' religiousness (Pattison, 1982). Further, nonreligious counselors who have personally clarified their own nonreligiousness and also hold a respect for religion in others are more likely to inform themselves about the religious aspects of a client's problem, as necessary. Nonreligious clinicians can then use this informed appreciation of a client's religiousness to enhance their own counseling effectiveness (e.g., Eliakim, 1985) or seek consultations with or make referrals to religiously oriented helpers (Boverman & Adams, 1964). Counselors who are personally religious need similar clarity about their religiousness and its potential effects on both religious and nonreligious clients (Grosch 1985).

A positive counselor sensitivity toward clients' religiousness can also be enhanced by an appreciation of the relationship of religion to positive human development and good mental health. There is now considerable evidence for such a positive relationship (Bergin, 1983, Fowler, 1981, Moos & Moos, 1976). On the other hand, there is also considerable evidence that some expressions of religion can be detrimental to mental health and human development (Bergin 1983; Kelly, 1988, Whipple, 1987). A counselor with positive sensitivity will distinguish between beneficial and destructive expressions of religion and address both the potentially helpful as well as damaging connections between religion and various life problems (Imbrie, 1985; Kelly, 1988; Natale, 1985).

Positive sensitivity leads to and is further enhanced by practical methods for treating religious issues in counseling in therapeutically relevant and ethically proper ways. Such methods are what I call counselor sensibleness toward religion in counseling. This brings me to second part of my paper.

FROM SENSITIVITY TO SENSIBLENESS: COUNSELOR HELPFULNESS IN DEALING WITH RELIGION IN COUNSELING

Several variables affect how counselors address religion in counseling. Three especially pertinent variables are the counseling setting, the degree and quality of client religiousness, and the potential connections between client issues and religion. I will first briefly discuss these three variables, then present a general framework for including religiously oriented responses in counseling, give examples of such responses, and then briefly describe and give examples of several specific techniques.

Counseling Setting

When considering religion in counseling, it is helpful to consider three broad categories of counseling settings: pastoral counseling, general counseling in a religiously oriented setting, and general counseling in a secular counseling. In the case of pastoral counseling, there is an explicit connection between counseling and religion (Bollinger, 1985). Because sensitivity and sensibleness toward religion in counseling are taken for granted in pastoral counseling, this specialty is not directly included here. Nevertheless, some of my comments certainly reflect contributions from the pastoral counseling field.

General counseling in a religiously oriented setting (e.g., a family service center associated with a religious institution) also presents especially favorable circumstances for integrating religion into counseling. Clients using the services of such settings are likely to have a positive affiliation with the religious institution and may be predisposed to a sensitive use of religious values, language, and symbols in counseling. Counselors in these settings may also be similarly predisposed because of self-selection or agency-selection on the basis of compatibility between the religious affiliation of the agency and the counselor. However, the connection between religion and counseling is not necessarily explicit in all such settings nor are counselors in these settings necessarily oriented toward an inclusion of religion in their counseling (Worthington et al., 1983). Therefore, even in these religiously favorable settings, the conditions of counselor sensitivity and helpfulness toward religion, as noted in this paper, are relevant and important.

Especially relevant to most counselors is how religion might be effectively addressed in a secular counseling setting. This situation requires special attention because (1) there in no reason to assume in advance that any particular client is favorably predisposed or even open to the religious or spiritual dimension as part of counseling, (2) the connection between issues and problems brought to counseling and religion may be

unacknowledged or unclear to both the client and counselor, (3) counselors in general are unlikely to be oriented or skilled in responding to the religious/spiritual dimension of a client's problems, and (4) concern rightfully exists about inappropriately intruding on clients' values regarding religion. It these counselors especially that I have in mind as I discuss approaches to religion in counseling.

Degree and Quality of Client Religiousness

The extent to which a counselor deals with religious/spiritual issues in counseling depends in part on the degree of the client's religiousness/spirituality.

A distinction is made here between religion and spirituality, although in concept and practice there is considerable overlap. Religion is here understood to mean a personal belief, with varying degrees of conviction and practical consequences, in God (under a variety of names), in supernatural realities, and in a meaningful connection between the natural and supernatural and between God and humans; and in this belief the believer is typically associated, to some degree and in some respect, with a generally recognized religious group.

Spirituality is here understood to mean a personal affirmation of a transcendent dimension and meaningfulness within human experience, which includes a sense of belonging, wholeness, connectedness, and openness to the infinite (Shafranske et al., 1984). As defined here, personal religion generally includes spirituality, but personal spirituality frequently does not include religion.

Religiously Committed Clients

Religiously committed clients are characterized by a personal inner conviction such that their religious beliefs (as defined above) are consciously experienced and develop as a source of significant influence (actually or potentially) in their attitudes and behavior in all important aspects of life, and as a vital inner base for spiritual growth.

Religiously Loyal Clients

"Religious loyalties are the expectations passed on by family, community, and society from one generation to the next. They are often part of a package of familial and ethnic loyalties that are intergenerational in nature and often unconscious" (Albany, 1984, p. 128). These loyalties have a potentially significant impact (positive or negative) on attitudes and behaviors, but not in the same inwardly interactional, developmental manner as religious commitment.

Spiritually Committed Clients

Spiritually committed clients have a "courage to look within and to trust. What is trusted appears to be a deep sense of belonging, of wholeness, of connectedness, and of openness to the infinite" (Shafranske et al., 1984, p. 233). Although the religiously committed client is also spiritually committed, a separate category of "spiritually committed" is appropriate because persons may be spiritually committed (as defined here) but not identify with any established religion or typical religious beliefs (as defined above).

Religiously/Spiritually Open Clients

Religiously/spiritually open clients have neither a religious/spiritual commitment nor a loyalty to religion. However, these clients, during the counseling process, may give evidence of an openness to the religious/spiritual dimension as relevant to resolving their problems and contributing to their development and growth.

Superficially Religious Clients

Superficially religious clients manifest an outward expression of some religious beliefs and attachments, but these outward expressions carry little or no inner conviction and result in little or no significant influence on their lives, either in terms of religious commitment or religious loyalty.

Religiously Tolerant/Indifferent Clients

Religiously tolerant/indifferent clients are tolerant of religion generally and the religion of others but are expressly indifferent to any religious or spiritual beliefs or influence in their own lives.

Unreligious Clients

Unreligious clients deliberately and consciously consider religion and spirituality, both conceptually and personally, as expressions of the unreal, and therefore unnecessary (perhaps even harmful), to understanding reality and living effectively. They positively reject religion and spirituality but generally are not actively hostile to religion and spirituality or their adherents.

Clients Hostile to Religion

Clients hostile to religion are not only unreligious but are also to some degree actively hostile, both in attitude and action, to religion, religious groups, and the influence of

religion on important aspects of society.

The client categories outlined above should not be understood as a way of pigeonholing clients in a rigid or hard and fast way. Actual individual clients usually have characteristics from more than one of the categories. Because of life or counseling experiences, they may move their primary orientation from one category to another. Also, there is overlapping among the categories.

However, the categories are suggestive of the range of client attitudes toward religion/spirituality and are useful in characterizing the primary or predominant orientation of a client vis-a-vis religion/spirituality. As such, they provide the counselor an additional perspective in considering the possible incorporation of religiously/spiritually oriented responses to the client.

No specific assessment method is suggested here for determining into which category a particular client may fall. Such assessments have been proposed, for example by Pruyser (1968). Instead, a counseling process is envisaged in which a counselor who is attuned to these degrees of client religiousness will gradually ascertain the client's degree of religiousness or spirituality. This will occur in conjunction with a careful exploration of the client's problems with a knowledgeable openness to potential connections between client problems and religion.

Potential Connections between Client Issues and Religion

The connection between client issues/problems and religion may be described in four broad categories. These categories indicate how religion might be associated with a specific issue or problem that a client presents in counseling. The boundaries of these categories are by no means hard and fast. Specific issues and problems, depending on individual circumstances, may fall in more than one category. Also, persons may experience a specific issue in religious or nonreligious (e.g. psychological) terms under different circumstances and at different times depending on a variety of factors. The four categories are as follows.

Predominantly or Specifically Religious Issue/Problem

In this case, the client's problem or issue is primarily religious in nature; for example, a fear of losing one's faith; guilt rooted in a conscious sense of sin (violating religious strictures); indecision about devoting oneself to a religious vocation.

Non-Religious Issue/Problem with Significant Religious Component

In this category, the client's issue or problem is not directly religious but is directly or significantly impacted by some religious factor; for example, converting from one religious faith tradition to another for the sake of marrying of making peace in the family; suppressing one's religious practice for career advancement.

Non-Religious Issue/Problem with High Potential for A Religious/ Spiritual Dimension

In this case, the client's problem/issue has a high potential for opening questions about the meaning of life or life events, the possibility of life beyond death, hope and trust for the future, the interconnectedness of humans and the universe, or the ethical implications of significant decisions. For example, this category includes such issues as the death of a loved one; family breakup; unwanted or unexpected pregnancy; public disgrace; drastic change to serious financial hardship; serious illness; alcoholism.

Non-Religious Issue/Problem with Little Apparent or Close Connection with Religious Dimension

The client's situation in this case is predominantly related to achieving personal objectives or overcoming problems in what might be considered primarily a natural or secular sphere of life. This includes, for example, a person's dissatisfaction with his/her current working conditions; a teacher's problems with managing difficult high school students; trying to lose weight or stop smoking; difficulties in becoming comfortable and making friends in a new life location.

These categories provide a way of understanding the primary or predominant relationship of specific issues and problems to the religious/spiritual dimension. In this respect, the categories provide the counselor with an additional perspective in considering the appropriateness of responding to the religious/spiritual dimensions of a specific issue or problem.

A Core Counseling Process Framework For Responding to Religious/Spiritual Dimension

A typical counseling process of client exploration, understanding, and action and the core counseling skills (Carkhuff, 1972, Egan, 1982) offer the counselor a basic process framework for responding effectively to the religious/spiritual dimensions of a client's issues. In this case, the counselor uses core skills to respond to the religious/spiritual dimensions

in much the same way he or she would respond to the other major content dimensions (physical, cognitive, affective, interpersonal) of the client's problems. Of course, the appropriateness of responding to the religious/spiritual dimension depends, as noted above, on several factors, including the counseling setting, the quality and degree of the client's religiousness/spirituality, and the relevance of religion to the kinds of issues and problems presented by the client.

Also, the religious/spiritual dimension of counseling may in some cases be thought of as extending or even transcending the typical process goals (exploration, understanding, action). This to say, beyond the resolution of specific problems, the client can move toward a broader goal of increased religious maturity and expanded spiritual awareness in conjunction with enhanced psychodynamic and behavioral functioning.

Some examples illustrate how the counselor can use core skills to respond to the religious/spiritual dimension of various client problems. These response examples are deliberately presented in a simple and stereotyped format in order to highlight the religious element of the response. In actual practice, the counselor uses more personalized forms of responding.

Examples of Core Responses to the Religious/Spiritual Dimension

To a young adult client with a specifically religious issue of fear of losing one's religious faith, a simple empathetic response might be: "You feel like your religious faith is slipping away and that's scary for you." An additive empathetic response might be: "You feel your religious faith fading. This frightens you, and you'd like to find your way to an enlivened faith and peace." Types of relevant questions might be: "When did you feel your faith beginning to slip?" "What was happening in your life at the time?" A relevant self-disclosure might be "I remember in my college years how religious realities for a while seemed so unreal and how painful that was to me. I had very real struggles then and later. For me these struggles eventually led to deeper conviction." A confrontive response might be: "You're deriving some satisfaction from what you're currently doing, but you don't like the effects that this is having on your religious faith."

To a client whose basically non-religious issue may have a significant religious component, such as converting from one religious faith tradition to another for the sake of marrying, an interchangeable empathetic response might be: "You're doubly conflicted because you made a big step in changing your religious faith to marry and now your marriage seems to be in trouble." An additive empathetic response might be: "You're not only worried

about the problems with your wife but also what all this means for you in your change from one religion to another." A relevant question might be: "How do you think your new religious faith affects the relationship between your wife and you?" A relevant self-disclosure might be: "I once left the religion of my birth and then joined a new religion. I've since shifted back but my daughters are still in my former church. I've become convinced that there is genuine value in both places and both can a source of strength." A confrontation might be: "You want your marriage to improve and grow, but your new faith that you have in common with your wife is threatening to become part of the problem rather than a solution as you once thought."

To a client whose basically non-religious issue may have a high potential for a religious/spiritual dimension, such as unrelieved grief at the death of one's mother, a simple empathetic response might be: "Your mother's sudden death has left you terribly dejected and at the moment unconsoled by your religious faith." An additive empathetic response might be: "It's hard to feel anything but sadness because of your mother's death, but some part of you would welcome genuine religious consolation." A question might be: "What change in perspective or emotional relief do think you might find the religious or spiritual dimension of your mother's death?" A confrontive response might be: "One part of you wants some genuine relief from your deep sorrow, but you are still don't feel open to the peace and assurance that your religious faith might give."

Of course, the actual effectiveness of all these sample responses depends on several process and content factors at work in the real-life situation. These examples do, however, indicate specific kinds of core responses that could be helpful in responding to the religious aspect of a client's problem and framing the counseling process to include the religious dimension.

Several Specific Counseling Techniques For Dealing with the Religious/Spiritual Dimension

Within the basic process framework and building on the core responses, there is available to the counselor an array of specific counseling techniques and approaches for dealing with religion in counseling. A brief description of several of these approaches will indicate how counselors who are sensitive to the religious dimension might deal effectively with religion in counseling.

Assessment

Assessment of the religious dimension of a client's development or personality offers a potentially beneficial

approach to religion in counseling (Pruyser, 1968). Interview forms are available for making such assessments in situations in which the client is more or less expecting religion to be part of counselor (see, for example, Malony, 1985; Ludwick & Peake, 1982). However, in contrast to formal interview forms, the brief semi-structured interview approach used by Midelfort (Yost, 1986) in family counseling seems well suited for the counselor working in a secular setting and appears easier to integrate into counseling generally. In Midelfort's approach, summarized here in the context of family counseling, the counselor integrates a religious assessment as follows:

a. Ask each family member his/her ethnic origins and religious affiliation.

b. If they disavow any religious affiliation, ask them to briefly present the philosophy or belief system that govern their views, particularly of healing.

c. If they indicate several ethnic affiliations but do not strongly claim any particular one, ask them to select one from those which they enumerated.

d. At the appropriate time in the counseling process, have clients consider their problems in a religion and ethical light, consonant with their earlier statements about their ethnic and religious affiliations. The counselor invites clients to claim from their heritage those elements that will promote healing--whether the healing is in the physical, emotional, cognitive, social, or spiritual realms.

Transference and Religion

A client's religion may also be approached in the light of transference phenomena. Spero (1985) summarizes transference vis-a-vis religion as follows: "As we have been taught repeatedly to help persons surrender transference hates and loves for realistic emotions, and to rediscover the true nature of transference objects, so must we aid persons to surrender their transference gods along the path toward realistic relationships with God" (p. 23). Although understood differently in different counseling theories, transference always has to do with relationships. And how we relate to God, as well as to others, depends in part on how well we understand and resolve transference relationships so that we can have relationships based on the reality of the other person.

In the religious realm, according to Spero, transference distortions occur especially in relation to two extremes. In responding to our genuine need for others we may improperly surrender our own legitimate power, strengths and autonomy to

others. In this case, we stifle authentic personal power and relate to others, including God, from an exaggerated sense of deficiency. Or, at the other extreme, we improperly arrogate all strength to ourself and claim total independence and meaning for ourself in ourself; or in Spero's words, we buy into "the big lies of self-sufficiency, unilateral self-determination, and totally free independence, judgment, and choice" (p. 12). In this case we deny an authentic dependency and repress an ontological need to achieve union with the infinite through an authentic relating to the infinite (God).

The unraveling of this religious-type transference means giving up transferred emotions and ideas about religion and God without denying or repressing one's ontological inclination for achieving a mature relationship to religion and the real God (not, for example, with the counselor idealized as god-like). For example, a counselor may begin to help a client reconnect to mature religion by indirectly indicating that her or his current rejection of all religion is rooted in transference from past religious experiences: "You finally gave up on all religion altogether because of so many experiences with rigid churches and narrow-minded church people." "All religion seems to be tainted by the bad experiences which you had with religion." "You're suspicious of any religion being helpful or meaningful for you."

Coalitions with the Supernatural

A client's relationship to God, as distinct from any specific belief about God (Griffith, 1986), or a client's coalition with the supernatural (Pattison, 1982) can be a crucial and beneficial factor in behavior and important in counseling. For example, Griffith (1986) describes how he used a mother's belief in God's providential care to help her gradually stop her controlling, rescuing behavior of her daughter. On the other hand, Pattison points to several examples of coalitions with the supernatural (e.g. God, angels) that interfere with healthy behavior and relationships, for example a wife who distance herself from her husband because of her relationship with Jesus Christ. In this case, rather than challenge the basic validity of such a coalition, the counselor can help the client shift her or his understanding of the coalition to support responsible behavior.

Religious Beliefs and Religious Language

The shifting of perspective within a religious framework highlights the importance of working with rather than against a client's religious beliefs and language, even with these beliefs and language are initially part of the problem. For example, Imbrie (1985) writes of using the positive elements of religion in counseling persons whose religious beliefs and language have

become distorted, twisted, and intertwined with illusions that underlie problem behavior. To facilitate an untwisting and subsequent positive use of religion, the counselor must understand that the client is usually focusing on one or two narrow parts of his or her religion and be prepared to help the client explore other aspects of religion that will throw the problem into a different light. The counselor will also need to confront religious contradictions that sometimes thread through a client's problem, and this confrontation should come from within the religious system which the client professes but is distorting to his or her own disadvantage.

In addition to the more serious case of a client caught in seriously disturbing illusions are those clients whose problems or dilemmas are closely tied to their religious beliefs. For example, some a client suffering from spouse abuse may live in a fundamentalist religious tradition in which wives are expected to be submissive to their husbands and forebearing with violence. In such a situation, after effectively addressing the physical safety and anxiety of the client, the counselor may be able to use nonjudgmental Bible-based discussion in conjoint counseling to end the violence or, if the husband is uncooperative, to help the wife toward divorce and a secure single life (Whipple, 1985).

For some clients, an unwanted pregnancy and the possibility of abortion are another form of painful problems with religious dimensions. To facilitate a choice that will ultimately enhance the client's physical and emotional well-being, the counselor needs to work within the client's professed belief system. At the same time, the counselor needs to understand the nuances of the system well enough to insure that the client is aware of divergent beliefs about abortion within the same system and not locked into just one perspective. For example, among Catholics there is a some unofficial divergence of belief about abortion that may inform a client's choice. Also relevant is data that indicate the possibility of negative emotional reactions to abortion (Rue, 1989).

These examples illustrate how counselors can use clients' religious beliefs and religious language, first, to enter empathetically into the client's belief world, then secondly, to help clients gradually expand and deepen their own belief system so that is becomes a source of strength rather than a cause of problems.

Other Approaches to Religion in Counseling

From a previous review of religion in family therapy literature (Kelly 1988), I have summarized a number of problem areas in which the counselor may be able to effectively use clients' religious beliefs and practices. For example, case data

indicate that in the cases of drug addiction (Coleman, Kaplan, & Downing, 1986), alcoholism (Berenson, 1987), and personally disruptive sexual behavior (Notzer, Levran, Mashiach, & Soffer, 1984), a turn toward genuine religious observance or a spiritual perspective may be part of a solution.

Religious rituals (Bowlby-West, 1983) and religious beliefs (Bradley, 1988; Easson, 1980; McGoldrick, Hines, Lee, & Preto, 1986) related to death and dying may be used to help a religiously oriented family with the grieving process. Counselors may also find a client's belief in the power of prayer to be a strong and positive force in times of crisis (Coles, 1987), and a belief in God's providence and mercy to be a stimulus to therapeutic forgiveness (Lawrence, 1983).

For families with church or synagogue ties, counselors may find value in consulting with clergy for sharing relevant information and coordinating clergy support and interventions adjunctive to therapy (Boverman & Adams, 1964; Kaslow & Gingrich, 1977; Pattison, 1982).

Conclusion

Counselors who are sensitive and skilled in approaching religion may find a client's religious beliefs and spiritual values to be a valuable asset in problem resolution. Of course, a client's religious beliefs may also be manifested in immature and detrimental forms that contribute to a client's emotional and behavioral problems. The responsibility of the counselor with regards to religious issues is to differentiate between and deal effectively with both life-enhancing and detrimental expressions of religion in the client. The counselor has available many approaches for using positive, life-enhancing expressions of religion to the client's advantage. In the case of detrimental expressions of religion, the counselor can help the client to examine and, as appropriate, broaden and transform her or his perspective so that religious values may contribute to positive change and personal development. In either case, the counselor's sensitivity and skills with regards to religious and spiritual issues can contribute significantly to helping clients whose orientation, problems, and life issues present a religious aspect.

References

Albany, A. P. (1984). Clinical implication of religious loyalties: A contextual view. Counseling and Values, 28, 128-133.

Berenson, D. (1987). Alcoholics Anonymous: From surrender to transformation. Family Therapy Networker, 11(July-Aug.), 25-31.

Bergin, A. E. (1983). Religiosity and mental health: A critical reevaluation and meta-analysis. Professional Psychology Research and Practice, 14, 170-184.

Bollinger, R. A. (1985). Differences between pastoral counseling and psychotherapy. Bulletin of the Menninger Clinic, 49, 371-386.

Boverman, M. & Adams, J.R. (1964). Collaboration of psychiatrist and clergyman: A case report. Family Process, 3, 251-272.

Bowlby-West, L. (1983). The impact of death on the family system. Journal of Family Therapy, 5, 279-294.

Bradley, J.E. (1988). The bittersweet life of Jimmy Holloran. Family Therapy Networker, 12(Jan.-Feb.), 45-48, 50-51, 82-89.

Carkhuff, R.R. (1972). Helping and human relations: A primer for lay and professional helpers. New York: Holt, Rinehart.

Coleman, S.B., Kaplan, J.D., & Downing, R.W. (1986). Life cycle and loss--The spiritual vacuum of heroin addiction. Family Process, 25, 5-23. Winston.

Coles, R. (1987). Moral purpose and the family. Family Therapy Networker, 11(Nov.-Dec.), 45-53.

Easson, W.M. (1980). A child's death and the family. International Journal of Family Therapy, 1, 401-412.

Egan, G. (1982). The skilled helper: models, skills & methods for effective helping (2nd ed.). Monterey, CA: Brooks/Cole.

Elkaim, M. (1985). From general laws to singularities. Family Process, 24, 151-164.

Ellis, A. (1980). Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and Religious Values." Journal of Consulting and Clinical Psychology, 48, 635-639.

Fowler, J. (1981). Stages of faith. San Francisco: Harper & Row.

Freud, S. (1964). The future of an illusion. Garden City, NY: Anchor.

Gallup, G., Jr. (1987). The Gallup poll. Wilmington, DE: Scholarly Resources.

Gallup, G., Jr. (1982). Religion in America. 1980-81 Gallup Poll. Wilmington, DE: Scholarly Resources.

Griffith, J.L. (1986). Employing the God-family relationship in therapy with religious families. Family Process, 25, 609-618.

Grosch, W. N. (1985). The psychotherapist and religious commitment. In E. Mark Stern (Ed.), Psychotherapy and the the religiously committed patient. (pp. 123-127). New York: Haworth.

Henry, W., Sims, J., and Spray, S. (1971). The fifth profession.

San Francisco: Jossey-Bass.
Houts, A. C., & Graham, K. (1986). Can religion make you crazy? Impact of client and therapist religious values on clinical judgments. Journal of Consulting and Clinical Psychology, 54, 267-271.
Imbrie, G. S. (1985). Untwisting the illusion. Journal of Orthomolecular Psychiatry, 14, 143-145.
Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. Professional Psychology: Research and Practice, 19, 290-297.
Kaslow, F.W. & Gingrich, G. (1977). The clergyman and the psychologist as marriage counselors: Differences in philosophy, referral patterns and treatment approaches to non-marital relationships. Journal of Marriage and Family Counseling, 3(3), 13-21.
Kelly, E. W., Jr. (1988, October). Religion in marriage and therapy: A review and analysis of the mainline family journal therapy literature. Paper present at 46th annual conference of the American Association for Marriage and Family Therapy, New Orleans.
Lawrence, C. (1983). Redecision and repentance: Reframing redecision work for the religious client. Transactional Analysis Journal, 13, 158-162.
Ludwick, C., & Peake, T. H. (1982). Adapting a clinical religious history format for pastoral intervention with adolescents in psychiatric treatment. Journal of Psychology and Christianity, 1, 9-15.
Malony, H. N. (1985). Assessing religious maturity. In E. Mark Stern (Ed.), Psychotherapy and the religiously committed patient. (pp. 25-33). New York: Haworth.
McGoldrick, M., Hines, P., Lee, E., & Preto, N.G. (1986). Mourning rituals. Family Therapy Networker, 10(Nov.-Dec.), 28-34.
Moos, R.H. & Moos, B.S. (1976). A typology of family social environments. Family Process, 5, 357-371.
Natale, S. M. (1985). Confrontation and the religious beliefs of a clients. In E. Mark Stern (Ed.), Psychotherapy and the religiously committed patient. (pp. 107-116). New York: Haworth.
Notzer, N., Levran, D., Mashiach, S., & Soffer, S. (1984). Effect of religiosity on sex attitudes, experience and contraception among university students. Journal of Sex & Marital Therapy, 10, 57-62.
Pattison, E. M. (1982). Management of religious issues in family therapy. International Journal of Family Therapy, 4, 140-163.
Pruyser, P. W. (1968). A dynamic psychology of religion. New York: Harper & Row.
Quakenbos, S., Privette, G. & Klentz, B. (1985). Psychotherapy: Sacred or secular? Journal of Counseling and Development, 63, 290-293.

Ragan C., Malony, H. N., & Beit-Hallami, B. (1976, September). Psychologists and religion: Professional factors associated with personal belief. Paper presented at the meeting of the American Psychological Association, Washington, DC.

Rue, V. M. (1989) Post abortion syndrome. Interaction, 15(4), 3.

Shafranske, E. P., & Gorsuch, R. L. (1984). Factors associated with the perception of spirituality in psychotherapy. Journal of Transpersonal Psychology, 16, 231-241.

Spero, M. H. (1985). Transference as a religious phenomenon in psychotherapy. Journal of Religion and Health, 24, 8-25.

Whipple, V. (1987). Counseling battered women from fundamentalist churches. Journal of Marital and Family Therapy, 13, 251-58.

Worthington, E. L., & Scott, G. G. (1983). Goal selection for counseling with potentially religious clients by professional and student counselors in explicitly Christian or secular settings. Journal of Psychology and Theology, 11, 318-329.

Yost, J. L., 1986, For God, country, and family: A personal tribute to Christian Frederik Midelfort, M. D., Family Process, 25(2), 149-151.